GP 1842
RECEIVED

NOV 29 2002

TECH CENTER 1600/2000

Please type or print inside this box →

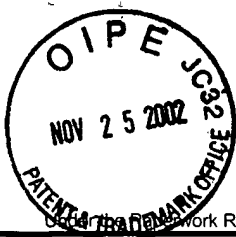
Approved for use through 10/31/2002. OMB No. 1600-0001
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/425,075
		Filing Date	October 21, 1999
		First Named Inventor	CHOUDARY, PRABHAKARA V.
		Group Art Unit	1642
		Examiner Name	HELMS, LARRY RONALD
Total Number of Pages in This Submission	15	Attorney Docket Number	UCAL-269
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	1. Exhibits (7 documents)	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	2. Postcard	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	JAMES S. KEDDIE, PH.D., Reg. No. 48,920		
Signature			
Date	November 18, 2002		

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: November 18, 2002.			
Typed or printed name	Susan M. Alessi		
Signature		Date	November 18, 2002

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



FEE TRANSMITTAL for FY 2002		Complete if Known																																											
Patent fees are subject to annual revision.		Application Number	09/425,075																																										
		Filing Date	October 21, 1999																																										
		First Named Inventor	CHOUDARY, PRABHAKARA V.																																										
		Examiner Name	HELMS, LARRY RONALD																																										
		Group Art Unit	1642																																										
		Attorney Docket No.	UCAL-269																																										
TOTAL AMOUNT OF PAYMENT (\$)		55.00																																											
METHOD OF PAYMENT		FEE CALCULATION (continued)																																											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to: Deposit Account Number 50-0815 Deposit Account Name Bozicevic, Field & Francis LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																																											
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																													
FEE CALCULATION																																													
2. BASIC FILING FEE																																													
<table border="1"><thead><tr><th>Large Fee Code</th><th>Entity (\$)</th><th>Small Fee Code</th><th>Entity (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td></td></tr></tbody></table>		Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee		106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)							
Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid																																								
101	740	201	370	Utility filing fee																																									
106	330	206	165	Design filing fee																																									
107	510	207	255	Plant filing fee																																									
108	740	208	370	Reissue filing fee																																									
114	160	214	80	Provisional filing fee																																									
SUBTOTAL (1)																																													
1. EXTRA CLAIM FEES																																													
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>15 -20**</td><td>=</td><td>x</td><td>=</td></tr><tr><td>Indep. Claims 3-3**</td><td>=</td><td>x</td><td>=</td></tr><tr><td>Multiple Dependent</td><td>=</td><td>=</td><td>=</td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	15 -20**	=	x	=	Indep. Claims 3-3**	=	x	=	Multiple Dependent	=	=	=																												
Total Claims	Extra Claims	Fee from below	Fee Paid																																										
15 -20**	=	x	=																																										
Indep. Claims 3-3**	=	x	=																																										
Multiple Dependent	=	=	=																																										
<table border="1"><thead><tr><th>Large Fee Code</th><th>Entity (\$)</th><th>Small Fee Code</th><th>Entity (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2) \$</td><td></td></tr></tbody></table>		Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2) \$							
Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid																																								
103	18	203	9	Claims in excess of 20																																									
102	84	202	42	Independent claims in excess of 3																																									
104	280	204	140	Multiple dependent claim, if not paid																																									
109	84	209	42	** Reissue independent claims over original patent																																									
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																									
SUBTOTAL (2) \$																																													
**or number previously paid, if greater; For Reissues, see above.																																													
		Other fee (specify) _____																																											
		SUBTOTAL (3) (\$)																																											
		55.00																																											

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James S. Keddie, Ph.D.	Registration No. (Attorney/Agent)	48,920
Signature		Telephone	(650) 327-3400
		Date	11/18/2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.